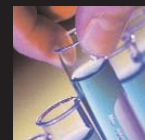




# Provider Focus



September 2003

A monthly update that focuses on your needs.

## In this Issue:

- ▶ Call Center Improvement Facts (page 1)
- ▶ GHP Web Portal Update (page 2)
- ▶ Updates on Claims Processing (page 4, 7, 9)
- ▶ DCH Announces Policy Manual Revisions (page 5)
- ▶ Provider Field Representative Contact Information (page 6)
- ▶ Provider Reports Online (page 7)
- ▶ Tips on Secondary Billing (page 8)
- ▶ Provider Training Schedules (page 10)

## A Message from ACS

ACS would like to thank the Georgia healthcare provider community for your patience and support since we began serving you on April 1, 2003. Obviously, we have faced significant challenges during this time and we realize that you may have suffered hardships as we attempted to meet these challenges.

ACS sincerely apologizes for any difficulty you may have experienced. We want you to know that we are committed to improving our service delivery and we will work diligently until you are satisfied with our organization.

Since April 1st we have made significant investments to improve our system capabilities and our business processes. You will see the result of these actions in the statistics presented in this newsletter. However, we acknowledge that we have a long way to go in gaining your trust and confidence, and we will continue to make necessary changes to ensure that we continue to improve our performance.

Many of you have given us insightful and constructive feedback and we encourage you to continue to do so. As part of this commitment, you will find a contact point on page 2 for submitting your comments, including comments regarding this newsletter. I encourage you to do so.

Thank you again for your support.

Sincerely,  
Walt Patterson

Managing Director  
Georgia Health Partnership ▲

## Call Center Performance Improvement

Initially, ACS focused attention on ensuring that phone calls were answered. Now that acceptable levels of service are being achieved in this area, focus is being placed on call center staff training and ensuring that providers are called back in a timely manner when a return phone call is necessary. (Continued on page 3)



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH



Georgia

## Web Portal Stability

ACS is aware of downtime and instability difficulties that you have experienced with the GHP Web Portal. These difficulties may have prevented you from completing web-based transactions.

Please accept our apology for any inconvenience that this caused your business operations. Corrective actions have been taken to address this situation.

When we become aware that there are web-related issues that could impact your ability to utilize the web, ACS will place alerts on the home page. The GHP Web Portal will still be available during this time, and you can still perform transactions, but some graphics and links may not load correctly. If you continue to have web problems, please log out and log back into the GHP Web Portal by closing Internet Explorer or Netscape and opening it again.

We appreciate your patience as we continue to bring you GHP Web Portal service and functionality enhancements.

### ACS Web Stabilization and Performance Improvement Plan

ACS has implemented, or is in the

process of implementing, the following improvement actions to make the GHP Web Portal more stable and address capacity issues:

1. Procuring additional hardware and software for all environments to increase capacity.
2. Acquiring application diagnostic tools – industry-leading software to identify and enhance application performance and efficiency. This will also enhance our ability to monitor performance and stability.
3. Adding full-time staff to manage the growing demand for the GHP Web Portal. Additional staff will be responsible for recommending additional changes to improve the web environment.
4. Using external consultants to ensure all levels of expertise are working to improve the web environment.

We believe that there will be noticeable improvement in the GHP Web Portal stability within the next 30 days. We will continue to update you on this topic in future issues. ▲

## How to Contact Your Field Representative

Providers have access to ACS Provider Field Representatives: 13 professionals who can answer ACS system and policy questions. If you e-mail or call your field representative, you can expect a return call or e-mail within 72 hours. The most effective way to contact your Provider Field Representative is by using e-mail.

If you do not receive a response, please contact Camilo Gutierrez, Field Services Manager, at 770-913-1482. Camilo comes from ACS' Washington D.C. Medicaid account. He has experience in Quality Assurance, Provider Services and Provider Enrollment. Camilo's experience will add structure and experience to the Field Services Department.

You may schedule an appointment with your field representative to come out to your office. To learn how to contact your field representative, go to the Field Representative Directory page on the GHP Web Portal:

To view the Field Representative Directory contact information:

1. Log in to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **My Workspace** tab.
3. Click the **Field Representative Directory** link.

See page 6 for a list of all the GHP Field Representatives and their contact information. ▲



## We Welcome Your Feedback

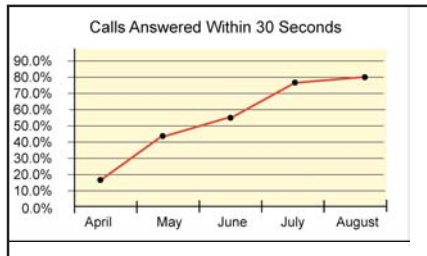
We are dedicated to making this newsletter a useful tool for you. If you have any comments, please contact us at [communications.dept@acs-inc.com](mailto:communications.dept@acs-inc.com). ▲



(Continued from page 1)

## Call Center Performance Improvement

This was in response to provider complaints regarding access to the call center and extensive hold times.



### Initial Challenges



- High call volume (average daily call count of 12,700 for first month of operation).
- Only 40%-50% Interactive Voice Response system usage (when > 80% projected).
- High volume of calls related to GHP Web Portal registration and usage.
- Long call talk times.
- Training new call center staff on new claims processing system.
- Phone system issues.
- Insufficient staffing.

### Progress to Date

- Increased staff to meet call volume projections.
- Hired additional management staff with more call center experience, specifically in claims and insurance.
- Added two trainers and supervisory positions to achieve a better trained and managed staff.
- Upgraded to a new phone



system.

- Worked with DCH to create an improved training program. Implemented in June, it continues through the end of the year.

### What's Next

ACS continues to focus on call center staff training:

- Although there has been progress and improvement in training, ACS recognizes that this is an area that requires continual and strong efforts. Representatives are being trained in all areas that are being tracked as deficiencies. DCH is assisting with the development and implementation of several training classes in order to improve the service levels
- Plans for improved performance include an extensive quality assurance and monitoring program, an incentive program based on delivering excellent service and revised policies and procedures along with expectations to enhance the level of service given to the provider and member community.
- Redesign of the Interactive Voice Response system to be more user-friendly and efficient. ▲

## Accessing PAs on the GHP Web Portal

To view PAs from the GHP Web Portal, do the following:

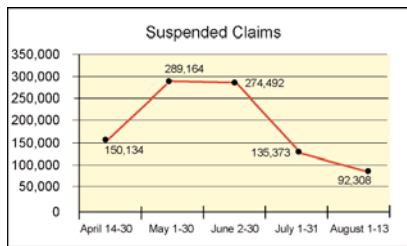
1. Login to [www.ghp.georgia.gov](http://www.ghp.georgia.gov).
2. Select the **Claims** tab.
3. Scroll down to the **Prior Authorization / Pre-Certification** section, and select the **View Prior Authorization/Utilization Management Status** link.

From this page, you can search for a Prior Authorization with different methods. The Provider ID field will default to the ID associated with the authenticated portal user, or, in the event the authenticated user is a Provider Office Administrator (POA/office staff), the field will be a drop down data selection of those provider IDs with whom the POA/office staff is associated. The user must then enter one of the following search combinations and click **Submit**:

1. Requesting Begin Date, End Date and Member-ID
2. Member ID and Procedure Code
3. Prior Authorization Number ▲



## Suspended Claims Decrease



### Initial Challenges

- Inconsistent system functionality contributed to the high number of suspended and denied claims.
- Criteria for suspending claims were initially set high to prevent excessive denials and to ensure quality of claims processing.
- Issues related to prior authorization/precertification processing.

### Progress to Date

- Reduced the number of suspended claims by over 60%.
- Worked with DCH to relax some system edits.
- Automated processing of various exceptions.
- Instituted additional steps to notify providers or third-party submitters when electronic claims files reject from the EDI Gateway.

### What's Next

- Consistently resolve all suspended claims in a timely manner. This includes resolving current system errors and working with DCH to resolve claims suspended for pricing and policy review. ▲



## Outstanding Dental PAs and Changes to Online Forms

ACS received more than 22,000 dental Prior Authorizations (PAs) for processing on April 1. To date, we have processed 42,000 dental PAs. The current outstanding inventory is 1,178. All dental PAs are processed within 30 days. However, if you do not receive notification within 30 days, please call 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free) for the status.

### New Online Dental Form Avoids Missing Data

Our medical review staff noticed an unusual number of dental PA submissions that were missing a tooth number, tooth surface information, or both. Many procedure codes require a tooth number and surface information. Without this information, the claim will not pay pursuant to Medicaid policy.

After studying the problem, the team changed the PA web

submission online form. Now, the provider is notified if a tooth number or surface information is required for a procedure code. Please review the latest Medicaid policies so you will know which procedures require tooth numbers or surface information, which procedures no longer require a Prior Authorization, and which procedures are no longer valid or covered by Medicaid.

To access any policy manual:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Medicaid Provider Manuals section, click the **View Full List** link.
4. Click on the policy manual title.

See page 5 for tips on submitting dental PAs. ▲

## Completed Web Portal Transactions for August

Even though we have experienced some GHP Web Portal downtime, providers are still able to successfully complete transactions as evidenced by August monthly totals for the web-based activities in this table. ▲

Transaction	April	June	August
Claims Submissions	16,454	81,894	123,168
Claims Inquiries	N/A	184,158	280,752
Eligibility Inquiries	72,820	498,233	542,782
Prior Authorization Inquiries	5,809	28,057	34,161
Payment History Inquiries	5,331	23,348	25,361
Referral Inquiries	1,426	2,778	2,156



# Policy Manual Revisions – October 1



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

*Tim Burgess, Commissioner*

*Sonny Perdue, Governor*

2 Peachtree Street, NW  
Atlanta, GA 30303-3159  
[www.communityhealth.state.ga.us](http://www.communityhealth.state.ga.us)

Dear Provider:

The Department of Community Health, Division of Medical Assistance, has made revisions to Part I and Part II of the Policies and Procedures manuals, as well as consolidating the program billing manuals into one billing manual for the July through September 2003 quarter.

These revisions incorporate policy and procedure changes that are effective October 1, 2003. Revisions have been noted in the left margin of the manuals with a revision date of 10/01/03. Please review the entire manuals that pertain to your service area carefully noting revision dates. Policy and procedure changes should be reviewed with appropriate members of your staff.

The new billing manual includes information common to all programs. The revised October 2003 policy manuals should be used to obtain specific billing information for each program.

The manuals, including the new billing manual, are on the Georgia Health Partnership web site under the Provider Information tab, Medicaid Provider Manuals section. The web site address is [www.ghp.georgia.gov](http://www.ghp.georgia.gov). The Department no longer routinely mails manuals. If you do not have access to this web site, you may request a revised copy by calling (404) 298-1228 (Metro Atlanta) or 1-800-766-4456 (toll free).

Please note that the revised manuals are loaded to the web site after the twenty-fifth of the month immediately prior to the effective date (e.g., after September 25th for October 1st effective date).

Thank you for your continued participation in the Georgia Medicaid and PeachCare for Kids programs.

Sincerely,

A handwritten signature in black ink that reads "Mark Trail".

Mark Trail, Chief of Medical Assistance Plans  
Department of Community Health

# ACS Field Representatives

<b>Territory</b>	<b>Representative</b>	<b>Counties</b>
<b>Athens</b>	<b>Tanja Lurry</b> 770.979.2131 tanja.lurry@acs-inc.com	Banks, Barrow, Clarke, Elbert, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, White
<b>Atlanta</b>	<b>Gretser Rush</b> 770.808.8801 gretser.rush@acs-inc.com	Gwinnett, North Fulton, Rockdale, Walton
	<b>Leslie Walker</b> 404.244.8382 leslie.walker@acs-inc.com	Central, South Fulton
	<b>Rebecca Miller</b> 770.979.8430 rebecca.miller@acs-inc.com	Cobb, Douglas, Paulding
	<b>*Sheila Tillman</b> 770.306.2210 sheila.tillman@acs-inc.com	Carroll, Clayton, Coweta, Fayette, Butts, Heard, Henry, Spalding, Newton
	<b>Pam Floyd-Johnson</b> 404.299.7057 pamela.floyd-johnson@acs-inc.com	DeKalb
<b>Augusta</b>	<b>Lolita Roberts</b> 706.793.6244 lolita.roberts@acs-inc.com	Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Montgomery, Richmond, Screven, Taliaferro, Toombs, Treutlen, Warren, Washington, Wilkes
<b>Columbus</b>	<b>Sherrie Jones</b> 706.565.5217 sherrie.jones@acs-inc.com	Chattahoochee, Clay, Dougherty, Harris, Lamar, Lee, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Talbot, Taylor, Terrell, Troup, Upson, Webster
<b>Macon</b>	<b>Sharon Chambliss</b> 229.273.7705 sharon.chambliss@acs-inc.com	Baldwin, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooley, Houston, Jasper, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Putnam, Sumter, Telfair, Twiggs, Wheeler, Wilcox, Wilkinson
<b>Rome</b>	<b>Vanessa Whitley</b> 678.418.2126 vanessa.whitley@acs-inc.com	Bartow, Catoosa, Chattooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Haralson, Murray, Pickens, Polk, Walker, Whitfield
<b>Savannah</b>	<b>Susan Burden</b> 912.234.8070 (Effective 9/15/03) susan.burden@acs-inc.com	Appling, Brantley, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Tattnall, Wayne
<b>Valdosta</b>	<b>Cynthia Pittman</b> 229.293.7893 cynthia.pittman@acs-inc.com	Atkinson, Bacon, Baker, Ben Hill, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Jeff Davis, Lanier, Lowndes, Miller, Mitchell, Pierce, Seminole, Thomas, Tift, Turner, Ware, Worth

\* Effective 9/2/03, Sheila Tillman is on leave for six weeks. During this period, alternate coverage for each county has been established:

■ Gretser Rush: Newton and Butts  
■ Pam Floyd-Johnson: Henry and Clayton

■ Leslie Walker: Coweta, Fayette, and Spalding  
■ Rebecca Miller: Carroll and Heard

## Get Your Reports Online

Providers registered on the GHP Web Portal have access to the Message Center, an online resource that contains provider reports and other important messages.

These reports have been posted to the Message Center:

### ■ **Rendering Provider Activity Report:**

Reports from July 5, 2003 to the present have been loaded to the Message Center. The most recent version is usually posted to the Message Center by close of business Tuesday of each week. Reports for dates prior to July 5, 2003 are not being loaded to Message Center, but will be available on CD and mailed to individual providers. If you do not have access to the web, you will receive your Rendering Provider Activity Report in the mail.

### ■ **Payee Provider Activity Report:**

Reports from July 15, 2003 to the present have been loaded to the Message Center. These reports follow the same schedule as the Rendering Provider Activity Report – they are usually posted to the

Message Center by close of business Tuesday of each week. Reports for dates prior to July 15, 2003 are not being loaded to Message Center, but will be available on CD and mailed to each payee provider.

To read a message on the Message Center:

1. Log in to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **My Workspace** tab.
3. Click the **Launch Message Center** link.
4. Click a message or report to view the details.

In the future, ACS will be posting Remittance Advices to the Message Center. Look for an update in upcoming newsletters.

If you are not currently a registered GHP Web Portal user, but would like to be, please visit the web site at [www.ghp.georgia.gov](http://www.ghp.georgia.gov). In the bottom-right corner of the web page, you will see a list of different user types. Please select the provider type that you are registering and follow the steps on the next few web pages. ▲

## Find Your Forms on the Web

Providers have realized that the GHP Web Portal enhances business operations, functionality and profitability (postage dollars saved through web claim submission). It is also an excellent source for the most current and up-to-date information (banner messages) and frequently used forms. There are 105,406 registered web users as of September 1, 2003.

The GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)) contains dozens of useful forms.

The forms can be located by navigating to the Provider Information page and accessing the Documents and Forms section:

- CMS-1500 health insurance claim form
- UB-92 form
- DCH DMA forms
- Provider Enrollment Application form\*

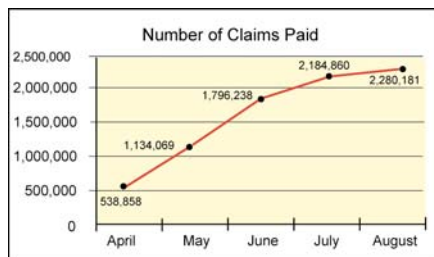
### **Note:**

Effective immediately, old provider enrollment application forms will no longer be accepted. Current, revised forms are available on the GHP Web Portal.

If you do not have access to the web, you can request forms by calling the Customer Interaction Center: 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free)

\*You may now fill out and submit provider enrollment applications online. On [www.ghp.georgia.gov](http://www.ghp.georgia.gov), click on the **Provider Information** tab and go to the “Become a Provider” section. ▲

## Claims Figures Improve



We continue to see an increase in the dollar amounts paid to providers. ACS processed \$96.2 million in claims payment for the last week in August. ▲

## Tips on Secondary Billing

To reduce the number of rejected claims, DCH created the banner message "**Secondary Claims Billing Tips**" for billing non-Medicare related Medicaid Secondary claims. This document describes tips for completing the CMS-1500 paper claim forms and billing managed care co-payments. It also identifies the top five reasons for secondary claims denials and provides information to maximize the potential for claims being approved the first time they are submitted.

As listed in the banner message, the top five denial reasons are:

1. **Missing Attachments:** When attachments are required, be sure that each individual claim is submitted with the corresponding Remittance Advice / Explanation of Benefits, attached when appropriate. They must be in that order. If the claim is submitted electronically or via the web, write the TCN on the attachment and either fax or mail it to ACS within 30 days.
2. **Exact Duplicate:** If the claim paid incorrectly, including claims that paid at zero, an adjustment must be requested. The adjustment can be entered via the web or submitted on paper. Submitting via the web decreases the processing time required and leads to faster payment.
3. **Member Ineligible:** Verify Medicaid eligibility, including verification of Medicaid known primary insurance plans, each time service is requested.
4. **Member has Primary Insurance Coverage:** Resubmit with COB Amount. Ensure the primary insurance paid amount is entered in field 29.
5. **Invalid Provider Number:** Ensure that field 33 contains a valid Medicaid Rendering Provider number.
6. **Incorrect Entries in Field 29:** If Medicare paid amounts are entered in field 29 on a CMS-1500, the claim will pay at a reduced rate. To correct this

problem, please submit an adjustment to remove the dollar amount from this field. The adjustment can be submitted easily via the web or on paper. A common claim exception that may indicate this problem is COB not on file.

To read the entire **Secondary Claims Billing Tips** banner message:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Banner Messages section, click the **View Full List** link.
4. Click the **Secondary Claims Billing Tips** link.

ACS and DCH are working together to develop a Medicaid Secondary Claims User Guide. It will be posted on the GHP Web Portal and used for provider training purposes. The availability of this document will be announced in an upcoming newsletter. ▲

## Tips on Adjustments and Voids

Adjustments and Voids can now be processed in the MHN system. Please review the following tips for processing and identifying adjustments and voids:

- Only claims that have previously paid can be adjusted. Denied claims should be resubmitted as new claims.
- When submitting adjustments, please use the appropriate adjustment/void request form.

The DMA-501 form is located on the GHP Web Portal. Registered web users can also adjust claims.

- All processed adjustments will generate two TCNs on the RA. The first TCN voids the original claim. The second TCN repays the claim with the requested changes. To help reconcile the account, look at the net amount paid.

- If an adjustment claim denies, the original payment will be recouped. If this occurs, please resubmit the claim as a new/original with appropriate corrections. Remember, if the claim date of service is outside of the timely filing requirement, attach a copy of the RA with the denied adjustment. These new claims can be submitted electronically via the GHP Web Portal or on paper. ▲



## Dental Claims

To improve the processing of Dental Claims, a tooth surface drop down field was added to the online PA form. The drop down includes the following surface values: BUCCAL, DISTAL, FACIAL, INCISAL, LINGUAL, MESIAL, NONE, OCCLUSAL. ▲

Tooth	Surface	Oral Cavity Code	Code Limit Qualifier
Teeth:	BUCCAL DISTAL FACIAL INCISAL LINGUAL MESIAL NONE OCCLUSAL	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 26 <input type="checkbox"/> 25 <input type="checkbox"/> 24 <input type="checkbox"/> 23	
<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 30 <input type="checkbox"/> 29 <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J			

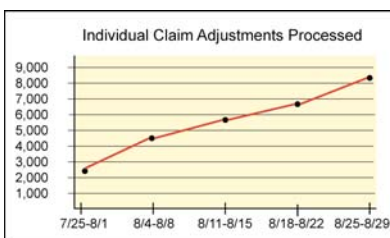
## Nursing Facility Claims

Changes made to the claim processing system to correct payee provider records inadvertently caused a problem with eligibility date spans. As a result, the system incorrectly denied claims with an exception code 3752 "Pay to Provider Not Found." This problem was corrected on August 27, 2003. Providers with denied claims posting exception code 3752 may now resubmit these claims. ▲

## Important Tips for Submitting Dental PAs

- Use field 1 on the ADA form to indicate if it is a Prior Authorization Request or claim submission.
- When submitting an x-ray for medical review, please label the film including the provider number and member ID. This will help ensure that the x-ray is reviewed and returned in a timely manner. ▲

## Individual Claims Adjustments



### Initial Challenges

- From April-July, individual adjustments to previously paid claims could not be submitted via paper or the web.

### Progress to Date

- Reduced the inventory by over 50% during the month of August.
- Began processing individual adjustments in July, 2003.
- Dedicated additional staff to help process outstanding individual adjustments and voids.
- Enabled providers to submit individual adjustments via the web.

### What's Next

- Plan to process all individual adjustments within 25 days of receipt. ▲

## Sign up for Training Workshops

You are cordially invited to attend the September and October Provider Update and Category of Service (COS) Workshops. The Provider Update Workshops will focus on:

- Web Registration
- Helpful Tips for Prior Authorization Submission
- Claims Submission Guidelines
- Claims Submission Methods
- Claim Adjudication

Providers should bring claims and remittance advices with them to these sessions if they have specific claims questions or denials that they would like to review with ACS claims specialists.

COS workshops will also be held in September and October, and providers will receive in-depth information specific to the following programs:

- Mental Retardation Waiver Program (MRWP)
- Mental Health
- Home Health
- Physicians
- Health Check

To register for these workshops, visit the registration web site at: [www.time2reg.com/ghpconferences](http://www.time2reg.com/ghpconferences) or call toll free 1-877-660-2080. (See schedule on page 10) ▲

# ACS Provider Training Schedules

## Provider Update Workshops: September - October 2003

Two four-hour Provider Update Workshops are held at each location: 9:00 a.m. - noon and 1:30 - 4:30 p.m.

City	Date	Venue
Gainesville	Sept. 22	GA Mountains Center
Dalton	Sept. 23	NW GA Trade & Convention Center
Thomasville	Sept. 25	The Business Exchange Building
Augusta	Sept. 29	Radisson Riverfront Hotel
Augusta	Oct. 15	Radisson Riverfront Hotel
Savannah	Oct. 21	Savannah Marriott Hotel
Athens	Oct. 23	Athens Classic Center
Albany	Oct. 28	Merry Acres Event Center
Dalton	Oct. 30	NW GA Trade and Convention Center

## Provider Category of Service Workshops September - October 2003

City	Date	Venue	Time	COS
Macon	Sept. 30	Macon Centreplex Conference Center	9:00 a.m. - noon	MRWP/ Mental Health
			1:30-4:30 p.m.	Home Health
Atlanta	Oct. 2	Marriott Century Center Hotel	9:00 a.m. - noon	MRWP/ Mental Health
			1:30-4:30 pm	Home Health
Augusta	Oct. 15	Radisson Riverfront	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician Services
Savannah	Oct. 21	Savannah Marriott	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician Services
Athens	Oct. 23	Athens Classic Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician Services
Albany	Oct. 28	Merry Acres Event Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician Services
Dalton	Oct. 30	NW GA Trade & Convention Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician Services